

## Fill in this information to identify your case:

|  |                    |             |           |
|--|--------------------|-------------|-----------|
| Debtor 1   | <u>NANCY FABER</u> |             |           |
|  | First Name         | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)  | _____              |             |           |
|  | First Name         | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> |                    |             |           |
| Case number<br>(If known)  | <u>21-04144</u>    |             |           |

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|     |   | Total claim  | Priority amount | Nonpriority amount |  |
|-----|---|--|-----------------|--------------------|--|
| 2.1 | <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations<br/> <input type="checkbox"/> Taxes and certain other debts you owe the government<br/> <input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br/> <input type="checkbox"/> Other. Specify _____</p> |                 |                    |  |
| 2.2 | <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations<br/> <input type="checkbox"/> Taxes and certain other debts you owe the government<br/> <input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br/> <input type="checkbox"/> Other. Specify _____</p> |                 |                    |  |

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority  
amountNonpriority  
amount

□

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

□

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

□

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|     |   | Total claim  |
|-----|---|--|
| 4.1 | <b>CAPITAL ACCOUNTS</b><br>Nonpriority Creditor's Name<br><b>PO BOX 140065</b><br>Number Street<br><b>NASHVILLE TN 37214</b><br>City State ZIP Code<br><br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim is for a community debt<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                   | Last 4 digits of account number <u>1 4 8 9</u><br>When was the debt incurred? <u>06/01/2019</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>credit card</u>  |
|     |   | \$ 1,736.00  |
| 4.2 | <b>CREDIT COLLECTION SERV</b><br>Nonpriority Creditor's Name<br><b>725 CANTON ST</b><br>Number Street<br><b>NORWOOD MA 02062</b><br>City State ZIP Code<br><br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim is for a community debt<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes               | Last 4 digits of account number <u>2 5 9 4</u><br>When was the debt incurred? <u>07/01/2019</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>credit card</u>  |
|     |   | \$ 105.00  |
| 4.3 | <b>DIVERSIFIED ADJUSTMENT</b><br>Nonpriority Creditor's Name<br><b>600 COON RAPIDS BLVD NW</b><br>Number Street<br><b>COON RAPIDS MN 55433</b><br>City State ZIP Code<br><br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim is for a community debt<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>7 4 8 2</u><br>When was the debt incurred? <u>11/01/2020</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>medical bill</u> |
|     |   | \$ 106.00  |

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

**KEYNOTE CONSULTING**

Nonpriority Creditor's Name

1530 E DUNDEE RD STE 190

Number Street

PALATINE

IL

60074

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 5 8 2

\$ 228.00

When was the debt incurred? 02/01/2020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical bill

4.5

**KOHL'S/CAPONE**

Nonpriority Creditor's Name

N56 RIDGEWOOD DR

Number Street

WI

53051

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 5 4 7

\$ 348.00

When was the debt incurred? 03/01/2019

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

4.6

**LVNV FUNDING LLC**

Nonpriority Creditor's Name

PO BOX 1269

Number Street

GREENVILLE

SC

29602

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 0 1 4

\$ 370.00

When was the debt incurred? 02/01/2019

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

**COMED**

Nonpriority Creditor's Name

P.O. Box 805379

Number Street

Chicago

IL

60680

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \* \* \* \*

\$ 4,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify utility bill

4.8

**MIDLAND CREDIT MANAGEMENT**

Nonpriority Creditor's Name

320 E BIG BEAVER RD STE

Number Street

TROY

MI

48083

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 3 \* \* \*

\$ 6,974.00

When was the debt incurred? 08/01/2019

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

4.9

**PORTFOLIO**

Nonpriority Creditor's Name

120 CORPORATE BLVD, STE 1

Number Street

NORFOLK

VA

23502

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 2 4 8 8

\$ 811.00

When was the debt incurred? 04/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claim****Total claims from Part 1**

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 0.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 0.00

**Total claim****Total claims from Part 2**

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 14,678.00

6j. Total. Add lines 6f through 6i.

6j. \$ 14,678.00

Fill in this information to identify your case:

Debtor NANCY FABER  
First Name Middle Name Last Name

Debtor 2  
(Spouse If filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number 21-04144  
(If known)

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with whom you have the contract or lease              | State what the contract or lease is for |
|-----|---|---|
| 2.1 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> |   |
| 2.2 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> |   |
| 2.3 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> |   |
| 2.4 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> |   |
| 2.5 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> |   |



Debtor 1

NANCY FABER

First Name Middle Name Last Name

Case number (if known) 21-04144

**Additional Page if You Have More Contracts or Leases**

| Person or company with whom you have the contract or lease   | What the contract or lease is for |
|--|-----------------------------------|
| <p>2.2</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> |                                   |
| <p>2._</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> |                                   |
| <p>2._</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> |                                   |
| <p>2._</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> |                                   |
| <p>2._</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> |                                   |
| <p>2._</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> |                                   |
| <p>2._</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> |                                   |
| <p>2._</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> |                                   |

Fill in this information to identify your case:

|   |             |             |           |
|---|-------------|-------------|-----------|
| Debtor 1  | NANCY FABER |             |           |
|   | First Name  | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                       |             |             |           |
|   | First Name  | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Illinois |             |             |           |
| Case number<br>(If known)   | 21-04144    |             |           |

☐ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name  
 Number Street  
 City State ZIP Code

- ☐ Schedule D, line \_\_\_\_  
☐ Schedule E/F, line \_\_\_\_  
☐ Schedule G, line \_\_\_\_

3.2

Name  
 Number Street  
 City State ZIP Code

- ☐ Schedule D, line \_\_\_\_  
☐ Schedule E/F, line \_\_\_\_  
☐ Schedule G, line \_\_\_\_

3.3

Name  
 Number Street  
 City State ZIP Code

- ☐ Schedule D, line \_\_\_\_  
☐ Schedule E/F, line \_\_\_\_  
☐ Schedule G, line \_\_\_\_

Debtor 1

NANCY FABER

First Name

Middle Name

Last Name

Case number (if known)

21-04144

**Additional Page to List More Codebtors**

| Column 1: Your codebtor  |  | Column 2: The creditor to whom you owe the debt  |
|--|--|--|
| <p>3. <input type="text"/></p> <p>Name <input type="text"/></p> <p>Number <input type="text"/> Street <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> |  | <p>Check all schedules that apply:</p> <p><input type="checkbox"/> Schedule D, line <input type="text"/></p> <p><input type="checkbox"/> Schedule E/F, line <input type="text"/></p> <p><input type="checkbox"/> Schedule G, line <input type="text"/></p> |
| <p>3. <input type="text"/></p> <p>Name <input type="text"/></p> <p>Number <input type="text"/> Street <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> |  | <p><input type="checkbox"/> Schedule D, line <input type="text"/></p> <p><input type="checkbox"/> Schedule E/F, line <input type="text"/></p> <p><input type="checkbox"/> Schedule G, line <input type="text"/></p>  |
| <p>3. <input type="text"/></p> <p>Name <input type="text"/></p> <p>Number <input type="text"/> Street <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> |  | <p><input type="checkbox"/> Schedule D, line <input type="text"/></p> <p><input type="checkbox"/> Schedule E/F, line <input type="text"/></p> <p><input type="checkbox"/> Schedule G, line <input type="text"/></p>  |
| <p>3. <input type="text"/></p> <p>Name <input type="text"/></p> <p>Number <input type="text"/> Street <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> |  | <p><input type="checkbox"/> Schedule D, line <input type="text"/></p> <p><input type="checkbox"/> Schedule E/F, line <input type="text"/></p> <p><input type="checkbox"/> Schedule G, line <input type="text"/></p>  |
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| <p>3. <input type="text"/></p> <p>Name <input type="text"/></p> <p>Number <input type="text"/> Street <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> |  | <p><input type="checkbox"/> Schedule D, line <input type="text"/></p> <p><input type="checkbox"/> Schedule E/F, line <input type="text"/></p> <p><input type="checkbox"/> Schedule G, line <input type="text"/></p>  |
| <p>3. <input type="text"/></p> <p>Name <input type="text"/></p> <p>Number <input type="text"/> Street <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> |  | <p><input type="checkbox"/> Schedule D, line <input type="text"/></p> <p><input type="checkbox"/> Schedule E/F, line <input type="text"/></p> <p><input type="checkbox"/> Schedule G, line <input type="text"/></p>  |
| <p>3. <input type="text"/></p> <p>Name <input type="text"/></p> <p>Number <input type="text"/> Street <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> |  | <p><input type="checkbox"/> Schedule D, line <input type="text"/></p> <p><input type="checkbox"/> Schedule E/F, line <input type="text"/></p> <p><input type="checkbox"/> Schedule G, line <input type="text"/></p>  |
| <p>3. <input type="text"/></p> <p>Name <input type="text"/></p> <p>Number <input type="text"/> Street <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> |  | <p><input type="checkbox"/> Schedule D, line <input type="text"/></p> <p><input type="checkbox"/> Schedule E/F, line <input type="text"/></p> <p><input type="checkbox"/> Schedule G, line <input type="text"/></p>  |



Debtor 1

NANCY FABER

First Name

Middle Name

Last Name

Case number (if known) 21-04144

|  | For Debtor 1    | For Debtor 2 or<br>non-filing spouse |                                |
|--|-----------------|--------------------------------------|--------------------------------|
| Copy line 4 here..... → 4.   | \$ 7,682.95     | \$                                   |                                |
| <b>5. List all payroll deductions:</b>   |                 |                                      |                                |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. \$ 2,027.90 | \$                                   |                                |
| 5b. Mandatory contributions for retirement plans   | 5b. \$ 840.53   | \$                                   |                                |
| 5c. Voluntary contributions for retirement plans   | 5c. \$          | \$                                   |                                |
| 5d. Required repayments of retirement fund loans   | 5d. \$          | \$                                   |                                |
| 5e. Insurance  | 5e. \$ 171.27   | \$                                   |                                |
| 5f. Domestic support obligations   | 5f. \$          | \$                                   |                                |
| 5g. Union dues   | 5g. \$          | \$                                   |                                |
| 5h. Other deductions. Specify: DTLENHCD  | 5h. + \$ 10.45  | + \$                                 |                                |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.  | 6. \$           | \$                                   |                                |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7. \$ 4,632.80  | \$                                   |                                |
| <b>8. List all other income regularly received:</b>  |                 |                                      |                                |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. \$          | \$                                   |                                |
| 8b. Interest and dividends   | 8b. \$          | \$                                   |                                |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. \$          | \$                                   |                                |
| 8d. Unemployment compensation  | 8d. \$          | \$                                   |                                |
| 8e. Social Security  | 8e. \$          | \$                                   |                                |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____   | 8f. \$          | \$                                   |                                |
| 8g. Pension or retirement income   | 8g. \$          | \$                                   |                                |
| 8h. Other monthly income. Specify: _____   | 8h. + \$ 0.00   | + \$                                 |                                |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  | 9. \$ 0.00      | \$                                   |                                |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$ 4,632.80 | + \$                                 | \$ 4,632.80                    |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ |                 |                                      |                                |
|  |                 | 11. + \$                             | 0.00                           |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.<br>Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  |                 | 12. \$                               | 4,632.80                       |
|  |                 |                                      | <b>Combined monthly income</b> |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |                 |                                      |                                |
| <input checked="" type="checkbox"/> No.  |                 |                                      |                                |
| <input type="checkbox"/> Yes. Explain: _____   |                 |                                      |                                |



Debtor 1

**NANCY FABER**

First Name

Middle Name

Last Name

Case number (if known) **21-04144**

|  | <b>Your expenses</b>  |
|--|-----------------------|
| 5. <b>Additional mortgage payments for your residence</b> , such as home equity loans  | 5. \$ <u>0.00</u>     |
| 6. <b>Utilities:</b>   |                       |
| 6a. Electricity, heat, natural gas   | 6a. \$ <u>400.00</u>  |
| 6b. Water, sewer, garbage collection   | 6b. \$ <u>15.00</u>   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$ <u>230.00</u>  |
| 6d. Other. Specify: _____  | 6d. \$ <u>0.00</u>    |
| 7. <b>Food and housekeeping supplies</b>   | 7. \$ <u>470.00</u>   |
| 8. <b>Childcare and children's education costs</b>   | 8. \$ <u>0.00</u>     |
| 9. <b>Clothing, laundry, and dry cleaning</b>  | 9. \$ <u>130.00</u>   |
| 10. <b>Personal care products and services</b>   | 10. \$ <u>60.00</u>   |
| 11. <b>Medical and dental expenses</b>   | 11. \$ <u>55.00</u>   |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. \$ <u>300.00</u>  |
| 13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. \$ <u>0.00</u>    |
| 14. <b>Charitable contributions and religious donations</b>  | 14. \$ <u>0.00</u>    |
| 15. <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |                       |
| 15a. Life insurance  | 15a. \$ <u>0.00</u>   |
| 15b. Health insurance  | 15b. \$ <u>0.00</u>   |
| 15c. Vehicle insurance   | 15c. \$ <u>90.00</u>  |
| 15d. Other insurance. Specify: _____   | 15d. \$ <u>0.00</u>   |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16. \$ _____          |
| 17. <b>Installment or lease payments:</b>  |                       |
| 17a. Car payments for Vehicle 1  | 17a. \$ <u>643.00</u> |
| 17b. Car payments for Vehicle 2  | 17b. \$ <u>0.00</u>   |
| 17c. Other. Specify: _____   | 17c. \$ <u>0.00</u>   |
| 17d. Other. Specify: _____   | 17d. \$ <u>0.00</u>   |
| 18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> | 18. \$ <u>0.00</u>    |
| 19. <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19. \$ <u>0.00</u>    |
| 20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |                       |
| 20a. Mortgages on other property   | 20a. \$ <u>0.00</u>   |
| 20b. Real estate taxes   | 20b. \$ <u>0.00</u>   |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$ <u>0.00</u>   |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$ <u>0.00</u>   |
| 20e. Homeowner's association or condominium dues   | 20e. \$ <u>0.00</u>   |

Debtor 1

NANCY FABER

First Name

Middle Name

Last Name

Case number (if known) 21-04144

21. **Other.** Specify: \_\_\_\_\_

21. **+\$** \_\_\_\_\_

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 3,408.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 3,408.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 4,632.80

23b. Copy your monthly expenses from line 22c above.

23b. **-\$** 3,408.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ 1,224.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: